



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
 Commissioner for Patents
 Washington, D.C. 20231
Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Not Legibly mark-up with any correction or use Block 1)
 35633 7590 10/01/2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

GATEWAY, INC.
 ATTN: Jeffrey A. Proehl
 610 GATEWAY DRIVE, MS Y-04
 N. SIOUX CITY, SD 57049

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Lori Boulware (Depositor's name)
Lori Boulware (Signature)
 November 4, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/645,432	08/21/2003	DAN WILLIAM ELSSASSER	P1929US00	8459

TITLE OF INVENTION: SHOCK FORCE INDICATING DEVICE

APPLN. TYPE	SMALL ENTITY?	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370.00	\$300	\$1670.00	01/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
REIS, TRAVIS M	2859	116-203000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. JEFFREY A. PROEHL
 2. LEONARD & PROEHL
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GATEWAY, INC.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 2

4b. Payment of Fee(s)

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0439 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Jeffrey A. Proehl

(Date)

NOVEMBER 4, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is unlimited to take 12 minutes to complete, including gathering, preparing, and submitting the case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/04/2004 SDIRETA2 00000024 500439 10645432
 01 FC:1501 1370.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 6.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**Gateway**TM**F A X**

810 Gateway Drive Mail Drop Y-04, North Sioux City, SD 57049-2000

Law Department
Intellectual Property
Mail Drop Y-04

Date: November 4, 2004

Pages: - 2 -
(Including Cover)

To:	MS Issue Fee
Dept./Co.:	U.S. Patent Office
Fax:	703.746.4000
Phone:	
CC:	
From:	Jeffrey A. Proehl, Reg. No. 35,987
Fax:	605-232-2612
Phone:	605-232-1967
RE:	Pat. App. No. 10/645,432 (Docket # P1929US00)

MESSAGE:

Transmitted herewith please find:

Part B - Fee(s) Transmittal;

CERTIFICATION UNDER 37 CFR §1.8: The undersigned hereby certifies that this correspondence is being transmitted, via facsimile, to the Commissioner of Patents, Washington, D.C., on the date indicated above, and to the proper facsimile telephone number, shown above.

Name: Lori Boulware

Signature: Lori Boulware

The information contained in this transmission is intended for use of the individual or entity named above. If reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original transmission to us at the above address via the U.S. Postal Service.